

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

127 13 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County CharitonRegistration District No. 171Township KentuckyPrimary Registration District No. 5237City Keokuk(No. 2)File No. 10630Registered No. 4

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. County Infirmary

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 18 - 1866

## 7. AGE

YEARS

73

MONTHS

5

DAYS

24

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None  
feeble-minded

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 13. NAME

Marcelis Moss

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 15. MAIDEN NAME

Sarah E. Cassity

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

## 17. INFORMANT (ADDRESS)

Howard Buchanan

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE FairviewDATE Mar. 131940

## 19. UNDERTAKER (ADDRESS)

Geo. B. Winkelmeyer  
Salisbury, Mo.

## 20. FILED

3/12  
1940  
Mr. Ray Lamber  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 194022. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940 to March 12, 1940I last saw him alive on March 11, 1940 Death is saidto have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Generalized arteriosclerosis

Date of onset

3

Other contributory causes of importance:

NoneName of operation None

Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

Ed. L. Lamber, M. D.

(Address)

Salisbury, Mo.

RECEIVED  
D. B. & H. Health Officer No. 8  
District No. 4-9-40  
Date Filed